



Complete Summary

GUIDELINE TITLE

Uric acid.

BIBLIOGRAPHIC SOURCE(S)

Johnson D. Uric acid. Nephrology 2006 Apr;11(S1):S25-6.

Johnson D. Uric acid. Westmead NSW (Australia): CARI - Caring for Australasians with Renal Impairment; 2004 Jul. 5 p. [19 references]

GUIDELINE STATUS

This is the current release of the guideline.

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SCOPE

DISEASE/CONDITION(S)

- Hyperuricaemia
- Chronic kidney disease

GUIDELINE CATEGORY

Management
Treatment

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Nephrology

Nutrition
Pediatrics

INTENDED USERS

Dietitians
Physicians

GUIDELINE OBJECTIVE(S)

To evaluate the available clinical evidence that treatment of hyperuricaemia retards the progression of chronic kidney disease

TARGET POPULATION

Adults and children with chronic kidney disease

INTERVENTIONS AND PRACTICES CONSIDERED

Treatment of hyperuricaemia was considered but not recommended.

MAJOR OUTCOMES CONSIDERED

- Renal function
- Serum creatinine concentration
- Progression of chronic kidney disease

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Databases searched: Medline (1999 to November Week 2, 2003). MeSH terms for kidney diseases were combined with MeSH terms and text words for allopurinol and hyperuricaemia. The results were then combined with the Cochrane highly sensitive search strategy for randomised controlled trials and MeSH terms and text words for identifying meta-analyses and systematic reviews. The Cochrane Renal Group Specialized Register of Randomized Controlled Trials was also searched for relevant trials not indexed by Medline.

Date of search: 16 December 2003.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

Level I: Evidence obtained from a systematic review of all relevant randomized controlled trials (RCTs)

Level II: Evidence obtained from at least one properly designed RCT

Level III: Evidence obtained from well-designed pseudo-randomized controlled trials (alternate allocation or some other method); comparative studies with concurrent controls and allocation not randomized, cohort studies, case-control studies, interrupted time series with a control group; comparative studies with historical control, two or more single arm studies, interrupted time series without a parallel control group

Level IV: Evidence obtained from case series, either post-test or pretest/post-test

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups
Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Recommendations of Others. Recommendations regarding uric acid in chronic kidney disease from the following groups were discussed: Kidney Disease Outcomes Quality Initiative, UK Renal Association, Canadian Society of Nephrology, European Best Practice Guidelines, and International Guidelines.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definitions for the levels of evidence (I–IV) can be found at the end of the "Major Recommendations" field.

Guidelines

No recommendations possible based on Level I or II evidence.

Suggestions for Clinical Care

(Suggestions are based on Level III and IV sources)

- Treating hyperuricaemia does not retard the progression of renal failure and cannot be recommended for this indication. (Level IV evidence; limited case series; clinically relevant outcomes; consistent effects).
- Physicians should be aware that the use of protein-restricted diets in chronic renal patients treated with allopurinol may require further reduction of the dose of allopurinol due to inhibition of urinary excretion of oxypurinol. (Level II evidence; single randomised cross-over study; surrogate outcome; Moderate effect).

Definitions:

Levels of Evidence

Level I: Evidence obtained from a systematic review of all relevant randomized controlled trials (RCTs)

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historical control, two or more single arm studies, interrupted time series without a parallel control group

Level IV: Evidence obtained from case series, either post-test or pretest/post-test

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate management of hyperuricemia in patients with chronic kidney disease

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2006 Apr

GUIDELINE DEVELOPER(S)

Caring for Australasians with Renal Impairment - Disease Specific Society

SOURCE(S) OF FUNDING

Industry-sponsored funding administered through Kidney Health Australia

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Author: David Johnson (Woolloongabba, Queensland)

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

All guideline writers are required to fill out a declaration of conflict of interest.

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [Caring for Australasians with Renal Impairment Web site](#).

Print copies: Available from Caring for Australasians with Renal Impairment, Locked Bag 4001, Centre for Kidney Research, Westmead NSW, Australia 2145

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- The CARI guidelines. A guide for writers. Caring for Australasians with Renal Impairment. 2006 May. 6 p.

Electronic copies: Available from the [Caring for Australasians with Renal Impairment \(CARI\) Web site](#).

PATIENT RESOURCES

None available

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